

# ROAD RESTRICTION PERMIT APPLICATION

COMPANY DOING DELIVERY/HAULING:

**Please Print**

Company Name \_\_\_\_\_

Address \_\_\_\_\_

Company Phone \_\_\_\_\_

Address delivering/hauling to/from: \_\_\_\_\_

Suggested route through Edina city limits: \_\_\_\_\_

1) Date Permit is needed: \_\_\_\_\_

Truck type: \_\_\_\_\_

Materials/items to be delivered/hauled: \_\_\_\_\_

Number of trips with this vehicle this date: \_\_\_\_\_

2) Date Permit is needed: \_\_\_\_\_

Truck type: \_\_\_\_\_

Materials/items to be delivered/hauled: \_\_\_\_\_

Number of trips with this vehicle this date: \_\_\_\_\_

3) Date Permit is needed: \_\_\_\_\_

Truck type: \_\_\_\_\_

Materials/items to be delivered/hauled: \_\_\_\_\_

Number of trips with this vehicle this date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**PERMITS ISSUED BETWEEN THE HOURS OF 7:30 A.M. AND 3:00 P.M. ONLY**